Please type a plus sign (+) inside this bo

Substitute for form 1449A/PTO

Approved for use through 10/31/2002. OMB 0651-00317
U.S. Patent and Trademark Office: U.S. DEPARTIMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a coalcoint of information unless a tomains a valid OMB control number.

INFORMATION DISCLOSURE STATEMENT BY APPLICANT 
 Complete If Known

 Application Number
 09/768,171

 Filing Date
 January 24, 2001

 First Named Inventor
 Leroy B. KEELY

 Group Art Unit
 2173

 Examiner Name
 TBA

 Attomey Docket Number
 3797.00083

(use as many sheets as necessary)
Sheet 1 of 2

U.S. PATENT DOCUMENTS

Shaminer No. Number Rind Code\*
Number (If Kind Code\*
(If K

	FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Foreign Patent Document			Name of Patentee	Date of Publication of	Pages, Columns, Lines,	
		Office <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)	or Applicant of Cited Document	Cited Document MM-DD-YYYY	Where Relevant Passages or Relevant Figures Appear	Te
	_	-						
		-						
								ļ

$\overline{}$					
Examiner Signature	<u> </u>	NGUZEN	Date Considered	8808/03	

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Unique diation designation number. <sup>2</sup> See attached Kinds of U.S. Patient Documents. <sup>2</sup> Einter Office that issued the document by the More Standard ST33, <sup>1</sup> For Jeanness patient documents, <sup>1</sup> his indication of the year of the niegon of the Emperor must precede the serial number of the patient document. <sup>2</sup> Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. <sup>2</sup> Applicant is to pleas a chock mark her is English in Junguage Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to competes. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete his flow should be sent to the Other Information Officer. U.S. Paternal Artisamank.

Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Substitute for form 1449A/PTO Complete If Known Application Number 09/768,171 INFORMATION DISCLOSURE January 24, 2001 Filing Date STATEMENT BY APPLICANT First Named Inventor Leroy B. KEELY Group Art Unit 2173 (use as many sheets as necessary) Examiner Name TBA of 2 Sheet Attorney Docket Number 03797.00083

OTHER PRIOR ART NON PATENT LITERATURE DOCUMENTS				
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T 2	
$C_{\nu}$		ahal InkWriter. The simplicity of pen and paper, the power of word processing., Advertisement, 1983, 2 pp., ahal software corporation, Mountain View, CA		
W		ahal InkWriter for Magic Cap "The fastest, most convenient way to create faxes, notes and messages." Advertisement, 1993, 1994, 2 pp., ahal software corporation, Mountain View, CA		
(N	)	ahal 2.0 for Windows InkWriter. The power of word processing, the convenience of pen and paper, Advertisement, 1994, 1995, 2 pp., ahal software corporation, Mountain View, CA		
8		ahal software products, Web Page List of Products, 9/24/97, pp. 1-5, ahal software corporation, Mountain View, CA		

Examiner Signature	C. Nozer	Date Considered	07/203			
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance						

and not considered. Include copy of this form with next communication to applicant. 1 Unique citation designation number. 2 Applicant is to place a check mark here if English language Translation is attached.

Burden Nour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case, Any comments on the amount of time you are required to complete this form should be sent to the Chel Information Office, U.S. Patent and Todemark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.